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ABSTRACT

Sources of major breakdowns among parents with severe psycho-social problems are presented in terms of isolation from family and community support networks, as well as ways in which their preschool children are subject to developmental delays and are "at risk" for child abuse and neglect. PACE is described as a treatment and education program for parents and their preschool children which intervenes in a repeated generational cycle of fragmented and unstable family relationships, emotional deprivation, neglect and developmental/social problems in children. Every aspect of the program leads to the ultimate objective of building natural support systems for isolated families in order to enable them to cope with the stress of raising young children. Funding issues related to programs such as PACE which focus on the prevention of family breakdown are raised. (Author)

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Developing Natural Support Systems in a Day Hospital Program for Parents of High Risk Children

Carolyn Goodman

Paper presented at the American Psychological Association Conference, September 5, 1979.

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Title: Developing Natural Support Systems in a Day Hospital Program for Parents of High Risk Children - Division 27

This paper will present a program which is funded by the New York State Office of Mental Health for emotionally disturbed parents with young children at risk. I shall describe the program and the process for achieving program objectives, I will briefly refer to an outcome study, and will conclude with issues related to the development of community support services.

The idea of developing informal support services in a therapeutic day hospital program for emotionally disturbed mothers and their pre-school children began to germinate in the early sixties, when I served as consultant to the Public Health Department of a large suburban city. A group of public health nurses and myself conducted a study of the social and family histories of women with young children for whom the nurses provided health and counseling services. These were low-income minority women, many of whom had been brought up in institutions; they had few ties with family or friends; they were not prepared in any way to take responsibility for another human being, and this

boded ill for the development of their children. We found that in varying degrees all of the mothers could be described by what was referred to as the "NIL" syndrome: no mothering; isolation; low self esteem.

These findings led to the establishment of the PACE program in 1968, in which children and parents who live under conditions of severe psychosocial stress could, together, receive educational and therapeutic services. At that time there were no resources which were specifically addressed to women suffering from the "NIL" syndrome and their vulnerable young children. PACE was conceived as an effort to intervene in a repeated generational cycle of deprivation, isolation and self-defeating life styles. The program was designed to create a therapeutic and learning environment in which nurturance could be experienced and competence acquired. The fundamental goal of the program is for patients to develop affirmative attitudes about themselves and a growing trust of others, leading to enduring person-to-person natural support systems.

PROGRAM

PACE is an acronym for parent and child education involving the mother and her young child (six months to 5 years of age) four days a week in a combined day hospital/nursery school program. Although the mother is the identified patient, fathers have problems which are often as severe as their spouses. They participate as part of the natural support system and are involved in group and family therapy when indicated. The core program is designed

American Psychological Assoc.

to help mother and child learn coping skills and to develop a relationship in which mother can guide and foster her child's growth. Individual treatment plans address unique family problems.

Mothers' Program: Group therapy, counseling, home management, health care and vocational skills training groups, informal "rap" sessions, recreational and social activities.

Mother/Child Program: Didactic and experiential child development and management parent education groups, and video taping to foster empathic interaction between mother and child.

Childrens' Program: Classroom-based peer socialization and precognitive development curricula.

Post Discharge Support Groups: Following participation in PACE, continuing informal SAMA groups as needed.

Community Liaison: Consultation, community planning, program development, research.

PROCESS

The process by which PACE staff prepare the groundwork for the development of informal support systems is similar to the process by which a

primary relationship grows between caretaker and infant. If such a relationship is to flower, the caretaker must be accessible, trustworthy, nurturing and knowledgeable. This process is divided into three discrete but overlapping and continuous stages: bonding, facilitation, and separation.

In stage one, nurturance is the essence of the bonding process through which basic trust develops. At PACE, staff acts as a surrogate family, available day and night for crisis intervention, and as refuge in time of need. Parents learn in this first stage that they can depend upon staff to act as advocate with other community systems such as welfare, housing, health and education. They learn that they will not be rejected, even when their behavior is provocative and demanding. In many ways this first stage is extremely difficult because these women have seldom been able to trust anyone; they have been rejected by families, friends and by society. They fear that if they lower their defenses enough to confide and believe in someone, they will be rejected again. Only gradually, after many tests, do they come to trust.

Nurturance, can best be learned when it is experienced. When a staff person mothers a mother, it becomes possible for her to mother her own children. We have seen it over and over again: a mother may come in after having had a violent argument with her spouse, her child clinging to her, frightened and ignored. A staff member will sit with her and embrace her. As she relaxes, the mother is able to reach out to comfort her own child.

When trust has developed, it becomes possible to move into the second stage -- facilitation. Here the staff becomes a source of information for the parent who is reaching for help. As the mother begins to understand her child's needs she acquires a capacity to set limits, to teach and guide and respond to developmental changes. At the same time, through her growing self-awareness and confidence in herself, the mother begins to reach out to others in the group. She offers her help in solving problems and feels strong enough to suggest alternative solutions to others based on her own experience. A door has opened on the closed room of her life and she is able to share in what has brought them all together--how to cope with their personal problems and give their children a better life.

By the third stage--separation from the program--staff begin to withdraw from many of the group activities. At this point some mothers become anxious about their ability to manage without staff. This is when group support is mobilized by staff who encourage the women to seek each other for help and companionship. Mothers are now meeting in each others homes. Out of these meetings, mothers who are no longer in the program have formed a mutual support system, armed with new strengths and coping skills and an awareness of unique identities--survival kits for themselves and for their children. What is missing in one survival kit may be found in another. They are no longer isolated.

Throughout these stages staff work as a team. One fourth of the staff are clinical professionals, one fourth are teachers, and half are mental health aides. Each one contributes a special set of skills depending upon his or her

training and life experience. Noone is a specialist in nurturing - this behavior is modeled by the interactions of the team with parents and children. The role of the mental health aides, recruited from the community, is crucial. They have been there, and they understand street life as well as the verbal and body language of mother/patients. In-service training for mental health aides, along with supervision and back-up support systems for all staff,are important ingredients in a program in which the central theme is the learning process.

In conclusion, I want to stress that there is nothing sentimental about this program, although in our culture we take mothering, family, extended family, and community for granted. We are dealing with a population which has been denied such supports: some have histories of mental illness, drug addiction, alcoholism, prostitution or a combination of many disabling problems. They face the task of raising a child, or children, without either knowledge of themselves or the basic needs of a growing child. They need help in learning to accept themselves so they can reach out and become part of a mutual support system which can overcome the damage of the "NIL" syndrome and prevent the next generation from becoming heir to it.

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OUTCOME STUDY

In a follow-up study of the PACE program* using PACE mothers and matched controls, one of the most salient findings was the fact that 75% of the PACE mothers were readily accessible to the researcher in contrast to 25% of the control mothers. This suggested that PACE mothers were linked to community networks in far greater numbers than control mothers.

ISSUES

Funding:

The most recent trend in the delivery of mental health services is the burgeoning of community support programs for adult chronic patients. Precipitated by community resistance to dumping and the rocketing costs of hospital care, Community Support Services are receiving substantial funds from public and private sources. In the current mind-set of politicians and their concern over cost benefit analyses of human services, a program like PACE is low on the list of funding priorities. I refer to the program emphasis on a support system approach to prevention - of hospitalization, of violence, of emotionally crippled children, and I ask, "Where is the cost effectiveness?"

* Family Treatment of Psychotic Mothers and Their Pre-school Aged Children: A Follow-Up Study of the PACE Program.
DiScipio, Wood & Goodman - unpublished paper presented at American Psychiatric Association 5/10/74

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Fear of Flying:

The NIMH, tastemaker of the mental health world, is fearful of moving beyond tradition, and demands to be shown that a "strict relationship" exists between networking liaison or linkage development and mental health. This concern of moving outside self-imposed boundaries places unnecessary restraints on the development of creative, unique and population oriented mental health services.

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